



**Child Development
Division**

**MANAGEMENT
BULLETIN**

Main Office Number: (916) 322-6233

Subject: Continued Funding Application for Fiscal Year 2002-03	No: 01-11
Authority: <i>California Code of Regulations</i> , Title 5, Division 19, Chapter 1, Article 5, Section 18010	Date: November 2001
	Due Date: January 15, 2002

ATTENTION: PROGRAM DIRECTORS OF CHILD CARE AND DEVELOPMENT PROGRAMS

The purpose of this management bulletin is to offer existing California Department of Education, Child Development Division (CDE/CDD) contractors the opportunity to request continued funding for Fiscal Year (FY) 2002-03. *California Code of Regulations (CCR)*, Title 5, Section 18010, states, "*Contractors that intend to accept the offer to continue services in the subsequent contract period shall respond to a continued funding application request from the Child Development Division in accordance with the instruction and timelines specified in the request.*" We encourage each contractor to review this information as soon as possible to ensure that appropriate time and resources are reserved to complete the process. A completed application packet is due to **CDD** no later than **5:00 p.m. on January 15, 2002**.

CCR, Title 5, Section 18010(e) states that, "*Failure to respond within the timelines specified in the continued funding application request shall constitute notification to the CDD of the contractor's intent to discontinue services at the end of the current contract period.*" Failure to respond to requests from CDD for additional information may also result in an adverse action for the agency.

Executive Directors are **only** receiving this copy of the Management Bulletin **for information purposes**. **The complete Continued Funding Application packet (Management Bulletin and application packet) is being sent to your agency's Program Director to coordinate the completion and timely submission of the application on behalf of your agency.**

If the contractor has more than one program director, please note that **only the first program director listed in the CDD database will receive the complete packet**. It is expected that this program director will coordinate the completion and timely submission of the **one** comprehensive application for **all** of the agency's CDE/CDD contracts with the other program director(s). **A list of program directors that were sent the complete packet is posted on our web site at:**

http://www.cde.ca.gov/cyfsbranch/child_development

The complete Continued Funding Application packet consists of 1) Management Bulletin 01-11, which includes specific instructions for completion (printed on blue paper), 2) Application for Continued Funding (CD 3704, printed on white paper), and 3) Data Reports (printed on yellow paper).

California Department of Education does not require formal board approval of the application package. In most cases, board action is only required to sign the formal contract. If your agency's governing board requires approval prior to application submittal, request that the board action be completed in time to meet the due date.

A contractor selecting to complete their application with word processing software or only receiving the bulletin portion may download the package by accessing our download site location at:

http://www.cde.ca.gov/cyfsbranch/child_development/forms.htm

Electronic submission of your application is unavailable. Submit the completed Application along with its appropriate number of copies through regular first class mail.

If you are the program director designated to receive the complete application package, review the instructions for specific details about completing the appropriate forms. A complete application packet with **original signatures and three copies must be received in the CDD office no later than Tuesday, January 15, 2002.**

Mail the application to:

**Child Development Division
Continued Funding Application
560 J Street, Room 220
Sacramento, CA 95814**

If you have any questions or need further clarification about completing the attached application package, please call your assigned CDD consultant (as listed on pages 5 and 6) or (916) 322-6233.

Michael Jett
Director
Child Development Division

Kathy B. Lewis
Deputy Superintendent
Child, Youth and Family Services Branch

Attachments

<p>This Management Bulletin is mandatory only to the extent that it cites a specific statutory and/or regulatory requirement. Any portion of this Management Bulletin that is not supported by a specific statutory and/or regulatory requirement is not prescriptive pursuant to Education Code Section 33308.5.</p>

Instructions for Completing the Application for Continued Funding

Review the complete packet and instructions prior to completion. **Complete** as specified. **Submit one original and three copies** of the application packet to the Child Development Division **by 5:00 p.m. on January 15, 2002**. Specific instructions are as follows:

PAGE 1³/₄ (COVER PAGE) APPLICATION FOR CONTINUED FUNDING, FISCAL YEAR 2002-03

Check all applicable boxes that correspond to the contractor's FY 2001-02 California Department of Education (CDE) contracts for Child Development Programs that the agency plans to continue in FY 2002-03. The four-letter codes on Page 1 are the same as the Fund Source and Program Type codes found on the FY 2001-02 contract face sheets.

AGENCY'S COUNTY/VENDOR NUMBER—**Complete** the contractor's two-digit county code and four-digit vendor number. These are the same numbers used on your Attendance and Fiscal Report for Child Development Programs.

FEDERAL ID NUMBER—**Print or type** in the space provided.

LEGAL NAME OF AGENCY—**Complete** information for the CDE contractor (same as the name on FY 2001-02 contract face sheets).

ADDRESS, CITY, ZIP CODE, FAX, EMAIL—**Print or type** contractor's administrative address and contact information.

EXECUTIVE OFFICER/SUPERINTENDENT, TELEPHONE, PROGRAM DIRECTOR, TELEPHONE
Complete information in the spaces provided.

SIGNATURE OF AUTHORIZED AGENCY REPRESENTATIVE, DATE—**Read and sign original copy** in blue ink. Signature needs to be from an authorized representative of the CDE contractor (not the subcontractor).

NAME AND TITLE OF AUTHORIZED AGENT, PHONE—**Print or type** the name and title of the authorized agent who signed the application. **Include** this person's phone number.

PAGE 2—PROGRAM NARRATIVE CHANGE REQUEST³/₄ **Complete** as instructed only if there are programmatic changes requested.

PAGES 3 AND 4—PERSONNEL CERTIFICATION³/₄ **Read** certification. Specific staff requirements are included within the certification. **Sign original copy** in blue ink. Signature needs to be from an authorized representative of the CDE contractor (not the subcontractor). By signing this form, the agency's authorized representative certifies that 1) he/she is aware of current staffing requirements, and that 2) persons employed as program directors, site supervisors, teachers, associate teachers, and assistants in CDD programs are qualified for the positions they hold throughout the contract period.

If **Title 5 Program Director or Site Supervisor** requirements are not currently met, and there are no current waivers in effect, the contractor may request a staff qualifications waiver request from the CDD. NOTE: Waiver requests are subject

to CDD review and approval. A waiver approval letter will be sent to the contractor upon approval.

PAGE 9^{3/4} PERSONNEL ROSTER (for center-based and family child care homes--see **Page 1 of application for full listing of contracts in this category**)^{3/4} *Education Code* Sections 8360, 8360.1, 8360.2(z), and 8360.3 require that child care program staff employed under specific job classifications possess appropriate permits, credentials, or specific educational qualifications. Permits and credentials are issued by the Commission on Teacher Credentialing. Information regarding the issuance of permits and credentials is available from their website, www.ctc.ca.gov. **Please note that the Personnel Roster form and the Type Codes to be used have been revised since last year. Detailed instructions are on Pages 5-7 of the Personnel Roster Instructions. Page 8 is a sample of a completed form.**

Complete a Personnel Roster for each center-based site (programs that provide direct services) that is funded by a CDE/CDD contract(s). **Do not report staff from different sites on the same roster.**

If your program operates as a Family Child Care Home Network, complete a Personnel Roster for **only** the program director of each network.

Do not submit copies of the permits/credentials or other documentation verifying staff qualifications. However, copies of current permits/credentials or other required documentation are to be maintained by the agency and made available upon request.

PAGE 10^{3/4} ALLOCATION OF AGENCY FUNDS FISCAL YEAR 2000-01^{3/4} **Complete only** if your agency either serves 1) multiple counties or 2) any portion of Los Angeles County.

Complete **LEGAL NAME OF AGENCY** and **VENDOR NUMBER** in the spaces provided.

Report the FY 2000-01 **CONTRACT NUMBER, COUNTY NAME OR REGION (LA)** where services are being provided, **AMOUNT (\$)** of funding used and the **% OF MRA** represented.

(For Los Angeles County, **use** the County/Region(s) listed on the **LOS ANGELES COUNTY SERVICE PLANNING AREAS** listing on Pages 11 and 12. If a new zip code has been added, estimate its location within the appropriate Los Angeles local service planning area.)

The subtotals in the **AMOUNT (\$)** and **% OF MRA** columns should include administrative expenses. The **TOTAL** column should equal the FY 2000-01 MRA (Maximum Reimbursable Amount) for each contract. If the fund distribution reported is not typical for your agency, describe on the back of the form how the distribution might differ in FY 2002-03. Please direct any questions you may have about this particular form to Ms. Cynthia Robinson, Child Development Fiscal Services, at (916) 324-4531.

PAGE 13^{3/4} SUBCONTRACT CERTIFICATION^{3/4} Complete only if the contractor uses a subcontractor(s) for management and/or direct services.

The prime contractor is responsible for ensuring that its contract with the subcontractor includes the subcontract provisions detailed in the California Code of Regulations, Title 5, and the Funding Terms and Conditions and Program Requirements. The prime contractor is also responsible for monitoring the subcontractor's current and ongoing fiscal and program compliance. Subcontracts for management and/or direct services shall be audited in accordance with CDE Audit Guidelines.

Complete in the spaces provided:

CONTRACT TYPE TO WHICH SUBCONTRACT APPLIES

NAME OF SUBCONTRACTING AGENCY

SUBCONTRACT AMOUNT

SERVICES TO BE SUBCONTRACTED

LEGAL NAME OF AGENCY

SIGNATURE OF AUTHORIZED AGENCY REPRESENTATIVE, DATE^{3/4} Read, sign, and date the original copy in blue ink. Signature needs to be from an authorized representative of the CDE contractor (not the subcontractor).

PAGE 14^{3/4} FISCAL YEAR 2002-03 CALENDAR^{3/4} Complete a separate calendar for each contract. **Mark** all days that the program will serve subsidized children during the FY 2002-03 contract period (center-based and family child care homes). Alternative Payment (AP) and Resource and Referral (R&R) programs should **mark** the days the program office is open for business. **Total** the number of days the program will operate each month, each quarter, and for FY 2002-03. The total number of days marked for each contract will constitute each contract's Minimum Days of Operation (MDO) where applicable.

Child development programs, except State Preschool (GPRE), Campus (GCAM), and Migrant (GMIG), generally operate a minimum of **246 days**. **GPRE and GCAM programs** operate a minimum of **175 days**. **GMIG programs** operate on **days that reflect the local agricultural season**.

Provide justification for a reduction of days on the reverse side of the calendar **if** the number of days shown on the calendar falls below 246 or 175 (as applicable to the contract type) **and** your agency proposes to operate for fewer days than its FY 2001-02 MDO.

If your MDO changes during the FY 2002-03 contract period, your agency is responsible for submitting a revised calendar to your assigned program consultant.

WAIVER REQUESTS

Waiver request forms are available on our website at, www.cde.ca.gov/cyfsbranch/child_development/forms.htm or by calling your assigned CDD consultant. Completed waivers can be submitted as part of the Continued Funding Application or in a separate mailing to the CDD. Each waiver request will be reviewed by the CDD, and a notification letter will be sent to the contractor. If the waiver request is approved, it is valid until the expiration date stated on the letter.

1. STAFF QUALIFICATIONS WAIVER REQUEST (CD 7701A)^{3/4} Use only for staff at the Program Director and/or Site Supervisor levels who do not currently possess **Title 5** permits as required. **Refer** to the contract's Funding

Terms and Conditions and Program Requirements for current staffing qualifications.

2. SCHOOL AGE COMMUNITY CHILD CARE SERVICES PROGRAM, STATE PARTICIPATION LIMIT WAIVER REQUEST (CD 3700)^{3/4} Use **only** for GLTK (School Age Community Child Care Services Programs) that do not serve at least 50 percent non-subsidized children. This waiver form does not apply to other programs serving school-age children. GLTK contractors that are unable to meet the non-subsidized enrollment requirement and do not have an approved waiver will have their reimbursement reduced by the Child Development Fiscal Services.

PAGE 15^{3/4} **CONTINUED FUNDING APPLICATION COMPLETENESS CHECKLIST FY 2002-03**

Complete to ensure that a comprehensive application packet for all of the agency's CDE/CDD contracts is sent per instructions.

DATA REPORT (yellow paper)^{3/4} This is the information that CDD currently has in its database regarding your agency, its contracts, and offices/sites per last year's application process and subsequent updates received by your agency. A Data Report is generated for each contract type. If you did not receive the appropriate data report, please call your assigned consultant (as listed on pages 5-6).

Review information contained on your agency's DATA REPORT. Please note that each set is specific to a particular contract held by your agency.

Add, delete, or modify information as appropriate on the DATA REPORT. Indicate all changes by printing legibly using a blue pen. If data is correct with no changes, please initial the page in blue ink.

Include all DATA REPORT pages when returning your agency's completed packet.

Add pages as needed using the same format provided. Clearly indicate the contract type on each page and complete all data fields appropriate to the contract type.

Submit a copy of the license of each **new** center-based facility.

Please note that an agency's legal name or administrative headquarters address changes **cannot** be made solely on the basis of DATA REPORT updates. Please contact your assigned consultant regarding documents needed in order to process a legal name change. In order to process an administrative headquarters address change, **non-public agencies** are required to submit a copy of the letter notifying the Internal Revenue Service of the address change and a copy of the board minutes verifying the change to their assigned consultant. **Public agencies** should submit a letter notifying CDE/CDD of the address change.

If you have any questions about completing the application package, please call your assigned consultant (as listed on pages 5 and 6) or (916) 322-6233.

CALIFORNIA DEPARTMENT OF EDUCATION
CHILD DEVELOPMENT DIVISION /FIELD SERVICES UNITS
COUNTY ASSIGNMENT LIST

CALIFORNIA DEPARTMENT OF EDUCATION
CHILD DEVELOPMENT DIVISION /FIELD SERVICES UNITS
COUNTY ASSIGNMENT LIST
Los Angeles County Service Planning Areas (SPAs)

APPLICATION FOR CONTINUED FUNDING FISCAL YEAR 2002-03 (FORM CD3704)

Send the original and three complete copies of all required forms by January 15, 2002.

To: Continued Funding Application
Child Development Division
560 J Street, Suite 220
Sacramento, CA 95814

ORIGINAL _____ COPY # _____
For use by CDD Staff

Instructions for completing this form and other helpful information are included in the accompanying MANAGEMENT BULLETIN 01-11.

Our agency is currently funded for all contracts identified with a check mark below for this fiscal year. The agency agrees to continue implementation of these programs during Fiscal Year 2002-03 with funds provided by CDE.

Center-Based/Family Child Care Home Programs

- ☐ General (GCTR)
- ☐ Federal Center-Based - Child Care & Development Fund (FCTR)
- ☐ State Preschool (GPPE)
- ☐ Full-Day State Preschool Wrap Around (GWAP)
- ☐ Campus Child Care (with match) (GCAM)
- ☐ School Age Community Child Care Services (GLTK)
- ☐ Family Child Care Homes (FFCC)
- ☐ Family Child Care Homes (GFCC)
- ☐ Handicapped (GHAN)
- ☐ HUD Child Care (FHUD)
- ☐ HUD Child Care (GHUD)
- ☐ Migrant Child Care (GMIG) and Migrant Specialized Services (GMSS)

Alternative Payment Programs

- ☐ Alternative Payment Program (GAPP)
- ☐ Child Care and Development Fund (CCDF), Alternative Payment Program (FAPP)
- ☐ Child Protective Services (FCPS)
- ☐ State CalWORKs, Stage 2 (G2AP)
- ☐ Federal CalWORKs, Stage 2 (F2AP)
- ☐ State CalWORKs, Stage 3 (G3TO)
- ☐ Federal CalWORKs, Stage 3 (F3TO)
- ☐ Federal Migrant AP (FMAP)

Resource and Referral Programs

- ☐ Resource and Referral (GFRR)
- ☐ CCDF, Quality R&R (FBRR)

County/Vendor Number

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Federal ID Number:

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LEGAL NAME OF AGENCY

ADDRESS

CITY

ZIP CODE

FAX

E-MAIL

EXECUTIVE OFFICER/SUPERINTENDENT

TELEPHONE

()

PROGRAM DIRECTOR(S)

TELEPHONE

()

BOARD OF DIRECTORS CHAIRPERSON

TELEPHONE

()

UNDER PENALTY OF PERJURY, I CERTIFY AS THE AUTHORIZED AGENCY REPRESENTATIVE, THAT ALL APPLICABLE STATE AND FEDERAL STATUTES AND REGULATIONS WILL BE OBSERVED. I ALSO CERTIFY THAT ALL COMPLETED FORMS ACCURATELY DESCRIBE PROGRAM OPERATIONS.

SIGNATURE OF AUTHORIZED AGENCY REPRESENTATIVE

DATE

NAME AND TITLE OF AUTHORIZED AGENT (PLEASE PRINT.)

PHONE

CD-3704A (Revised 9/01)

PROGRAM NARRATIVE CHANGE REQUEST FISCAL YEAR 2002-03

Complete this page only if your agency requests a modification of its existing program narrative from the CDD.

Legal Name of Agency	Program Type (e.g., GCTR)
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1. Identify the program component for which you are requesting a change.
2. Describe how the program currently provides services to children and families in relation to the above-identified program component.
3. Describe the proposed change and how services will be improved if the change is implemented.

PERSONNEL CERTIFICATION
Fiscal Year 2002-03
For Center-Based Programs and Family Child Care Home Networks

The State of California requires any agency receiving child care and development funds, disbursed by the California Department of Education, Child Development Division (CDE/CDD), to employ fully qualified personnel as contained in:

California Code of Regulations, Title 5

Education Code

Funding Terms and Conditions and Program Requirements

Program Director--For Center-Based Programs (if the contractor operates at two or more sites) and Family Child Care Home Networks, the contractor shall employ a program director that has administrative and programmatic responsibility for the program.

Requirements:

- A permit issued by the Commission on Teacher Credentialing authorizing supervision of a child care and development program operating in multiple sites. This can be either:
 - Child Development Program Director Permit, or
 - Children's Center Supervision Permit, or
- A current credential issued by the Commission on Teacher Credentialing authorizing teaching service in elementary school or a single subject credential in home economics, **and** six units in administration/supervision of Early Childhood Education/Child Development (ECE/CD), (not required by any person who was employed as a program director prior to January 1, 1993 in a child care and development program receiving funding by the CDD) **and** 12 units of ECE/CD or at least two years' experience in an ECE/CD program, or
- An Administrative Services Credential authorizing administration or supervision in public schools in California that includes a preschool authorization.

Pursuant to Education Code, Section 8360.1

For Severely Handicapped (GHAN) Programs only: Program Directors shall meet the requirements pursuant to *Education Code*, Section 8360.3.

For School Age Community Child Care Services (GLTK) Programs only: Program Directors shall meet the requirements pursuant to *California Code of Regulations*, Title 5, Section 18203.

Site Supervisor^{3/4}For Center-Based Programs, at each site there shall be a person designated as the site supervisor who has operational program responsibility for the program.

Requirements:

- A permit issued by the Commission on Teacher Credentialing that authorizes supervision of a child care and development program operating in a single site. This can be either:
 - Child Development Site Supervisor Permit, or
 - Children's Center Supervision Permit, or
- A current credential issued by the Commission on Teacher Credentialing authorizing teaching service in elementary school or a single subject credential in home economics, **and** six units in administration/supervision of ECE/CD (not required to any person who was employed as a program director prior to January 1, 1993 in a child care and development program receiving funding by the CDD) **and** 12 units of ECE/CD or at least two years' experience in an ECE/CD program, or

PERSONNEL CERTIFICATION Fiscal Year 2002-03

- An Administrative Services Credential authorizing administration or supervision in public schools in California that includes a preschool authorization.

Pursuant to Education Code, Section 8208(z)

For School Age Community Child Care Services (GLTK) Programs only: Site Supervisors shall meet the requirements pursuant to *California Code of Regulations*, Title 5, Section 18205

Teacher^{3/4} For Center-based Programs

Requirements:

- A permit issued by the Commission on Teacher Credentialing authorizing service in the care, development, and instruction of children in a child care and development program. This can be either:
 - A Regular Children's Center Instructional Permit, or
 - A Limited Children's Center Instructional Permit, or
 - An Emergency Children's Center Instructional Permit, or
 - Child Development Master Teacher Permit, or
 - Child Development Teacher Permit, or
 - Child Development Associate Teacher Permit (Note: This permit authorizes the holder to supervise Assistant Permit holders only, not aides) or
- A current credential issued by the Commission on Teacher Credentialing authorizing teaching service in elementary school or a single subject credential in home economics, **and** 12 units in ECE and/or CD or two years' experience in early childhood education or a child care and development program.

Pursuant to Education Code, Section 8360

For Severely Handicapped (GHAN) Programs only: Teachers shall meet the requirements pursuant to *Education Code*, Section 8360.3.

For School Age Community Child Care Services (GLTK) Programs only: Teachers shall meet the requirements pursuant to *California Code of Regulations*, Title 5, Section 18206.

I certify, as the authorized agent representing this agency, I have read and understand the staffing requirements as defined in the statutes mentioned above. All child care staff employed in CDE/CDD funded program(s) are fully qualified for their respective positions by meeting the above stated requirements. Exceptions to this certification are persons employed as "Program Director" or "Site Supervisor" who possess a current CDE/CDD approved staffing qualifications waiver, or who have requested a waiver of Title 5 staffing requirements with this continued funding application.

Signed: _____
(Authorized Representative)

Date: _____

Agency: _____

See the CDD Forms web page for the [Personnel Roster](#) document.

PERSONNEL ROSTER INSTRUCTIONS
Center-based Programs^{3/4} Complete as instructed
Family Child Care Home Networks^{3/4} Complete only Program Director information
(Attach additional pages as necessary)

Agency^{3/4} Complete with the legal name of agency.

Program type(s) served at this site^{3/4} Complete with applicable program type code(s).
(If more than one program type is represented at a single site, list all types, such as "GCTR and FCTR")

Site Name^{3/4} Complete with facility name.

Number of Subsidized Classrooms^{3/4} Complete as appropriate.

Site address, City, State, Zip Code^{3/4} Complete as appropriate.

For the site listed on this page, list the following information by classroom (i.e. program director, site supervisor, all instructional staff in classroom #1, starting with the teacher and followed by assistants or aides, followed by all instructional staff in classroom #2, etc.):

Column A:

Rm# Classroom number or the room/area designation

Age Group Indicate the age group served in the classroom or area designation
Use the following codes:
I - Infant (birth to 18 months)
T - Toddler (18+ up to 36 months)
P - Preschool (36+ up to K)
S - School Age (K and above)

(Use a "/" to indicate mixed age groups--a classroom serving infants and toddlers would be designated as I/T)

Column B:

of children Indicate the maximum number of children in this classroom at any one time.

(If mixed age groups were indicated in Column A, use a "/" again to separate the number of children of one age group from the other age group--a classroom serving 3 infants and 4 toddlers would be designated as 3/4)

Column C:

Staff Name List the names of the program director and the site supervisor of this site. (Include applicable classroom numbers if these staff also have instructional responsibilities.)

List the names of instructional staff--master teachers, teachers, associate teachers, assistants and aides.

Column D:

Title Indicate the title for each individual in Column C.

Do not use agency job titles, use **only** the following titles:

Program Director
Site Supervisor
Master Teacher
Teacher
Associate Teacher
Assistant
Aide

Column E: Permit or Credential type
Document number

Type Indicate how the individual named in Column C qualifies for the position held by the use of the following codes (If none of the codes apply, leave this column blank.):

- A - Child Development Program Director Permit**
- B - Children's Center Supervision Permit**
- C - Administrative Services Credential**
- D - A current credential** issued by the Commission on Teacher Credentialing (CTC) authorizing teaching service in an elementary school or a single subject credential in home economics, and six units in administration/supervision of Early Childhood Education/Child Development (ECE/CD), (not required for a person who was employed as a program director prior to January 1, 1993 in a child care and development program receiving funding by the CDD) and 12 units of ECE/CD or at least two years experience in an ECE/CD program.)
- E - Severely Handicapped (GHAN) Program requirements** pursuant to California Education Code, Section 8360.3.
- F - School Age Community Child Care Services (GLTK) Program** requirements pursuant to California Code of Regulations, Title 5, Sections 18203, 18205, 18206
- G - Temporary County Certificate authorizing service as a Program Director** issued by the County Office of Education
- H - A current waiver authorizing service as a Program Director** issued by the CDD/CDE
- I - Child Development Site Supervisor Permit**
- J - Temporary County certificate authorizing service as a Site Supervisor** issued by the County Office of Education
- K - A current waiver authorizing service as a Site Supervisor** issued by the CDD/CDE
- L - Regular Children's Center Instructional Permit**
- M - Limited Children's Center Instructional Permit**
- N - Emergency Children's Center Instructional Permit**
- O - Child Development Master Permit**
- P - Child Development Permit**
- Q - Child Development Associate Teacher Permit**
- R - A current credential** issued by the Commission on Teacher Credentialing authorizing teaching service in elementary school or a single subject credential in home economics, and 12 units in ECE and/or CD or two years experience in early childhood education or a child care and development program.
- S - Temporary County Certificate authorizing service as a Child Development Teacher** issued by the County Office of Education.

- T - Temporary County Certificate authorizing service as a Child Development Associate Teacher**
Number issued by the County Office of Education.
- U - Child Development Assistant Permit**

Number **Indicate** the permit or credential document number, if a permit or credential type was indicated. This is normally not the social security number.

Expires (MM/YY) Indicate the expiration date of the permit or credential.

Column F: Completed ECE/CD units
ECE/CD Enter the number of ECE/CD semester units successfully completed by the individual if qualifications are not fully met by permit or credential indicated in Column E.

For GHAN programs, complete with the number of semester units successfully completed by the individual pursuant to Education Code Section 8360.3.

For GLTK programs, complete with the number of semester units successfully completed by the individual pursuant to California Code of Regulations, Title 5, Sections 18203, 18205, or 18206.

Administration

Supervision Complete with the number of Administration/Supervision of ECE/CD programs units successfully completed by the individual if qualifications are not fully met by permit or credential indicated in Column E.

Column G:

Program type Complete with applicable program type code(s) for this classroom.

(If more than one program type is represented in a single classroom, use a "/" to separate the program--a classroom with GCTR and FCTR funding would be designated as GCTR/FCTR)

Column H:

Comments Complete with additional information, such as a description of how GHAN or GLTK requirements are met, expiration dates of current waivers and temporary county certificates.

Attach a separate sheet of paper if additional space is required.

SEE ATTACHED SAMPLE PERSONNEL ROSTER

SEE ATTACHED SAMPLE PERSONNEL ROSTER

ALLOCATION OF AGENCY FUNDS Fiscal Year 2000-01

Agencies that serve multiple counties or agencies whose county of service differs from the county where they are headquartered must complete this form. **LOS ANGELES COUNTY:** please report by sub-regions as defined by the attached list of zip codes. If your agency administers more than four contracts, please duplicate this form.

LEGAL NAME OF AGENCY: _____

VENDOR NUMBER: _____ AGENCY'S COUNTY: _____

<p>CONTRACT NUMBER _____</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 33%;">County/Region (LA)</th> <th style="text-align: left; width: 33%;">Amount (\$)</th> <th style="text-align: left; width: 33%;">% of MRA</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>\$ _____</td> <td>_____ %</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>_____ %</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>_____ %</td> </tr> <tr> <td style="text-align: right;">Total:</td> <td>\$ _____</td> <td>100%</td> </tr> </tbody> </table>	County/Region (LA)	Amount (\$)	% of MRA	_____	\$ _____	_____ %	_____	\$ _____	_____ %	_____	\$ _____	_____ %	Total:	\$ _____	100%	<p>CONTRACT NUMBER _____</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 33%;">County/Region (LA)</th> <th style="text-align: left; width: 33%;">Amount (\$)</th> <th style="text-align: left; width: 33%;">% of MRA</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>\$ _____</td> <td>_____ %</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>_____ %</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>_____ %</td> </tr> <tr> <td style="text-align: right;">Total:</td> <td>\$ _____</td> <td>100%</td> </tr> </tbody> </table>	County/Region (LA)	Amount (\$)	% of MRA	_____	\$ _____	_____ %	_____	\$ _____	_____ %	_____	\$ _____	_____ %	Total:	\$ _____	100%
County/Region (LA)	Amount (\$)	% of MRA																													
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If FY 2000-01 was not a typical year, how might the allocation differ in FY 2002-03?

Agency Contact: _____ Date: _____
(Name)

Title: _____ Telephone Number: _____

If you have any questions regarding this form, please contact **CYNTHIA ROBINSON**, Child Development Fiscal Services Unit, at (916) 324-4531.

**LOS ANGELES COUNTY SERVICE PLANNING AREAS
IDENTIFIED BY CHILD CARE ADVISORY BOARD, LOS ANGELES COUNTY**

Metropolitan Region Zip Codes		South Bay/Harbor Region Zip Codes		East Region Zip Codes		South Zip Codes
90004	90029	90245	90504	90022	90606	90001
90005	90031	90247	90505	90040	90631	90002
90006	90032	90248	90710	90058	90638	90003
90010	90033	90249	90717	90063	90640	90007
90012	90036	90250	90731	90201	90650	90008
90013	90038	90254	90732	90240	90660	90011
90014	90039	90260	90744	90241	90670	90016
90015	90041	90266	90745	90242	90701	90018
90017	90042	90274	90746	90255	90703	90037
90019	90046	90275	90802	90270	90704	90043
90020	90048	90277	90803	90280	90706	90044
90021	90057	90278	90804	90601	90712	90047
90023	90065	90301	90805	90602	90713	90059
90026	90068	90302	90806	90603	90715	90061
90027	90069	90303	90807	90604	90716	90062
90028	90071	90304	90808	90605		90220
		90305	90810			90221
		90501	90813			90222
		90502	90814			90262
		90503	90815			90723

If a zip code overlaps into another county, only the geographic area corresponding to the portion located in Los Angeles County is considered as part of the designated service delivery area (sub-county region).

LOS ANGELES COUNTY SERVICE PLANNING AREAS IDENTIFIED BY CHILD CARE ADVISORY BOARD, LOS ANGELES COUNTY

Antelope Valley Region Zip Codes	San Fernando Region Zip Codes			San Gabriel Region Zip Codes		West Region Zip Codes
93243	90290	91325	91405	91001	91741	90024
93505	91011	91326	91406	91006	91744	90025
93510	91020	91330	91411	91007	91745	90034
93516	91040	91331	91423	91010	91746	90035
93519	91042	91335	91436	91016	91748	90045
93523	91046	91340	91501	91024	91750	90049
93532	91201	91342	91502	91030	91754	90056
93534	91202	91343	91504	91101	91755	90064
93535	91203	91344	91505	91103	91765	90066
93536	91204	91345	91506	91104	91766	90067
93543	91205	91350	91601	91105	91767	90077
93544	91206	91351	91602	91106	91768	90210
93550	91207	91352	91604	91107	91770	90211
93551	91208	91354	91605	91108	91773	90212
93552	91214	91355	91606	91702	91775	90230
93553	91301	91356	91607	91706	91776	90232
93563	91302	91361	91608	91711	91780	90265
93590	91303	91362		91722	91789	90272
93591	91304	91364		91723	91790	90291
	91306	91367		91724	91791	90292
	91307	91381		91731	91792	90293
	91311	91384		91732	91801	90401
	91316	91401		91733	91803	90402
	91321	91402		91740		90403
	91324	91403				90404
						90405

If a zip code overlaps into another county, only the geographic area corresponding to the portion located in Los Angeles County is considered as part of the designated service delivery area (sub-county region).

Subcontract Certification Fiscal Year 2002-03

An agency that chooses to subcontract services will not have to submit the language to CDD for prior approval. Only information about direct service contracts needs to be described. Your annual audit will include review of subcontract compliance. In addition, subcontracts for management and/or direct services must be audited in accordance with CDE Audit Guidelines and reported with either your audit or the subcontractor's audit. Duplicate this sheet if you need additional space.

Contract type to which subcontract applies	Name of Subcontracting Agency	Subcontract Amount	Services to be Subcontracted
		\$	
		\$	
		\$	
		\$	
		\$	

I certify that the contractual arrangement(s) listed above are in adherence with the required subcontract provisions contained in the CCR, Title 5, and the Funding Terms and Conditions.

I understand that signing this certificate does not lessen the legal responsibility for the subcontract requirements. As the prime contractor, the agency maintains the responsibility to monitor the performance of the subcontractor to ensure that services are provided appropriately.

Agency: _____

Signed: _____
(Authorized representative)

Dated: _____

LEGAL NAME OF AGENCY	PROGRAM TYPE
<p>Place an "X" on each day your program will be open for service. Complete a separate calendar for each program type. Total and subtotal this information as instructed below. Enter the total days of operation in the space provided at bottom right-hand corner. Provide justification for a reduction of days on the reverse side of the calendar if the number of days shown on the calendar falls below 246 or 175 (as applicable to contract type) and your agency proposes to operate fewer days than its FY 2001-02 Minimum Days of Operation (MDO).</p>	

Fiscal Year 2002-03 Calendar

<p>FIRST QUARTER</p> <p>JULY 2002</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><th>SU</th><th>M</th><th>T</th><th>W</th><th>TH</th><th>F</th><th>SA</th></tr> <tr><td></td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> <tr><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td></tr> <tr><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td></tr> <tr><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td></tr> <tr><td>28</td><td>29</td><td>30</td><td>31</td><td></td><td></td><td></td></tr> </table> <p>Days of Operation: _____</p>	SU	M	T	W	TH	F	SA		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				<p>AUGUST 2002</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><th>SU</th><th>M</th><th>T</th><th>W</th><th>TH</th><th>F</th><th>SA</th></tr> <tr><td></td><td></td><td></td><td></td><td>1</td><td>2</td><td>3</td></tr> <tr><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td></tr> <tr><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td></tr> <tr><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td></tr> <tr><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td>31</td></tr> </table> <p>Days of Operation: _____</p>	SU	M	T	W	TH	F	SA					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	<p>SEPTEMBER 2002</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><th>SU</th><th>M</th><th>T</th><th>W</th><th>TH</th><th>F</th><th>SA</th></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td></tr> <tr><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td></tr> <tr><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td></tr> <tr><td>29</td><td>30</td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>Days of Operation: _____ Subtotal: _____</p>	SU	M	T	W	TH	F	SA	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30												
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TOTAL DAYS OF OPERATION: _____

CDD Use: Reviewed and approved (Initial and date) _____

Continued Funding Application Completeness Checklist Fiscal Year 2002-03

Legal Name of Agency: _____

This checklist will help you to review your just completed application package prior to mailing. Place a check mark in the box to verify that the item is included in your application. Unused forms should be discarded prior to duplication and mailing.

All required forms have been completed per instructions.

- ◆ Page 1--(Cover Page) Application for Continued Funding, FY 2002-03, with an original signature. ☐

- ◆ Page 2--Program Narrative Change Request (**if applicable**). ☐

- ◆ Pages 3 and 4--Personnel Certification (Center-based and Family Child Care Homes), with an original signature. ☐

- ◆ Page 9--Personnel Roster (Center-based and Family Child Care Homes) Attach additional pages as necessary. ☐

- ◆ Page 10--Allocation of Agency Funds, FY 2000-01 (**if applicable**). ☐

- ◆ Page 13--Subcontract Certification (**if applicable**), with an original signature. ☐

- ◆ Page 14--FY 2002-03 Calendar. ☐
Waiver requests as applicable:

- ◆ Staff Qualifications Waiver Request (Center-based and Family Child Care Homes, **if applicable**) with an original signature of the applicant. ☐

- ◆ School Age Community Child Care Services Program, State Participation Limit Waiver Request (GLTK, **if applicable**), with an original signature. ☐

- ◆ DATA REPORT (send all pages back after review and correction). ☐

- ◆ Facility license for each new site listed on Data Report (**as applicable**) ☐

- ◆ One original and three complete copies have been sent for receipt no later than 5:00 p.m. on Tuesday, January 15, 2002 to: ☐

**Child Development Division
Continued Funding Application
560 J Street, Room 220
Sacramento, CA 95814**